

# ***IMMUNIZATION UPDATE***

*The Iowa Immunization Program Newsletter*

*Fall 2011*

## ***News & Summaries***

### **Influenza Update**

The Iowa Department of Public Health (IDPH) is encouraging all Iowans to get their seasonal influenza vaccination. "We want everyone to know the most effective way to stop the spread of the flu is to get the flu vaccine each year," said Dr. Patricia Quinlisk of the Iowa Department of Public Health. "IDPH and the Centers for Disease Control and Prevention recommend influenza vaccination for everyone 6 months of age and older."

This year's vaccine will protect against the three main influenza viruses that research indicates will cause the most illness. This season's flu vaccine will protect against 2009 H1N1, an A-H3N2, and a B-Brisbane virus.

Even healthy people, including healthy children and young adults, can get very ill from the flu and can spread the flu to others. By getting a yearly flu vaccine you can protect yourself from illness, and protect those around you. It is especially important to be vaccinated if you have vulnerable people in your household such as babies, children with asthma, and the elderly.

Influenza is a respiratory illness that most often causes fever, headache, extreme tiredness, muscle pain, nonproductive coughing, sore throat, and a runny nose. Occasionally, diarrhea can accompany the respiratory symptoms in children.

The flu virus is spread when people who are ill cough or sneeze without covering their mouths and noses, sending tiny droplets of respiratory secretions into the air for others to breathe in and get sick. A person can also get the flu by touching a surface or object (such as a door handle) that has been touched by someone with the flu (who coughed into their hand), and then touching their own mouth, eyes or nose.

The flu vaccine is plentiful this year and is available in both injectable and mist presentation.

For questions regarding the influenza vaccine, call Terri Thornton or Bethany Kintigh at 1-800-831-6293 ext. 2 & 7, respectively.

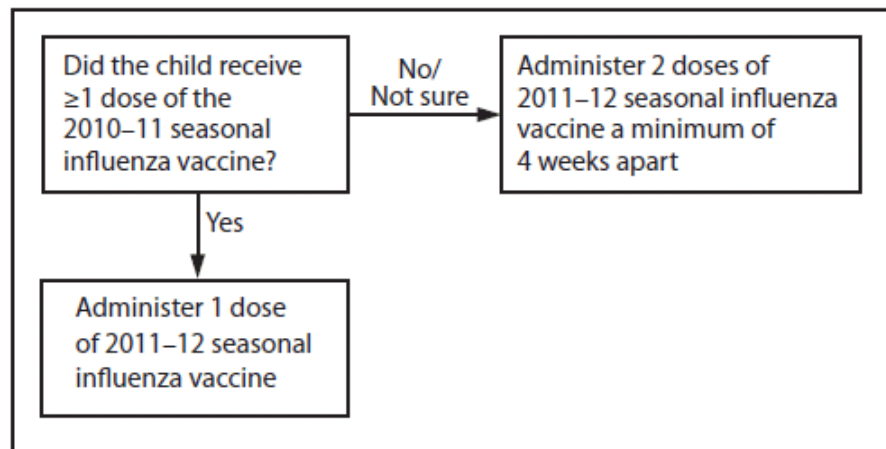
For questions regarding VFC influenza vaccine availability, call Tina Patterson at 1-800-831-6293 ext. 4.

## 2011 - 2012 Influenza Vaccine Recommendations for Children 6 Months through 8 Years of Age

Children 6 months through 8 years of age, regardless of influenza vaccine administration history prior to the 2010 - 2011 influenza season, should be vaccinated accordingly:

- Children that received no doses or with an unknown vaccine history of 2010 - 2011 influenza vaccine should receive 2 doses of 2011-2012 influenza vaccine.
- Children that received 1 or more doses of 2010 - 2011 influenza vaccine should receive 1 dose of 2011-2012 influenza vaccine.

### Influenza vaccine dosing algorithm for children aged 6 months through 8 years for the 2011-12 influenza season



## Questions and Answers regarding Influenza

**Q:** How many doses of 2011-2012 influenza vaccine would a 7 year old child need that has received 4 doses of influenza vaccine in the past influenza seasons but did not receive influenza vaccine in the 2010-2011 season?

**A:** The child should receive 2 doses of 2011-2012 influenza vaccine. Two doses are necessary to provide protection against the strains contained in 2010-2011 and 2011-2012 influenza vaccine.

**Q:** How many doses would be needed for an 18 month old infant who received influenza vaccine for the first time in the 2010-2011 season, who should have received 2 doses of influenza vaccine 4 weeks apart because it was their first season to receive influenza vaccine? However, the child only received one dose of 2010-2011 influenza vaccine.

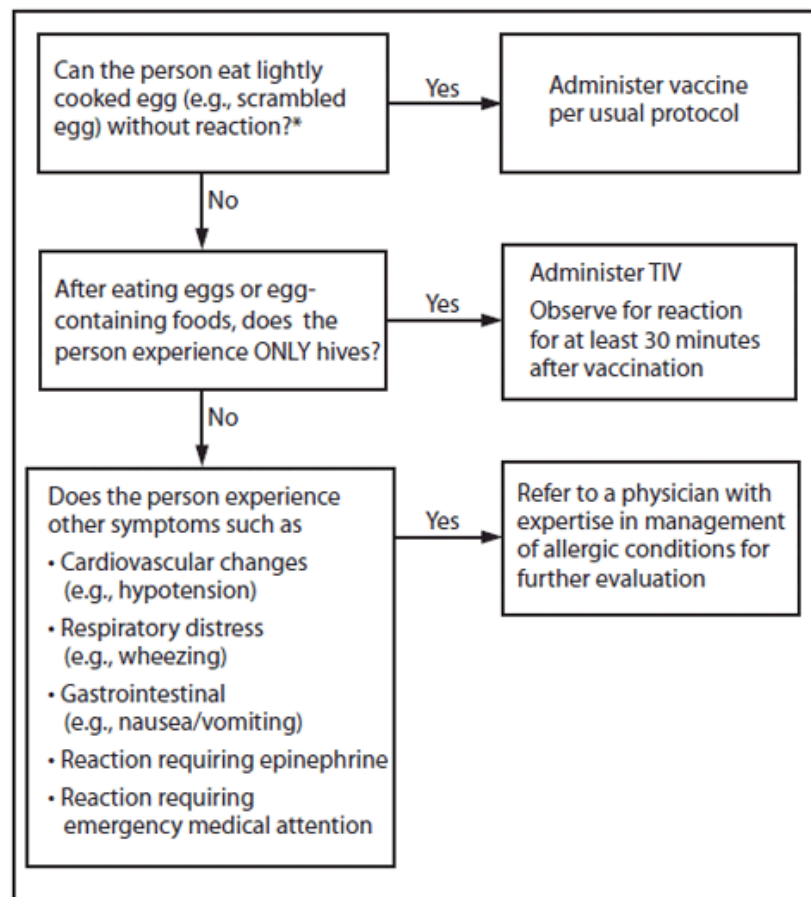
**A:** The child should receive one dose of 2011-2012 influenza vaccine this season. Two doses of 2011-2012 influenza vaccine are NOT necessary since the influenza vaccine strains did not change from the 2010-2011 season.

**Q:** A patient that is 2 years 11 months (35months) old with a history of several wheezing episodes has received influenza vaccine in the past but did not receive any influenza vaccine in the 2010-2011 season. How many doses of 2011- 2012 influenza vaccine should this patient receive?

**A:** The patient will need 2 doses of the injectable influenza vaccine (due to history of wheezing) separated by at least 4 weeks. Administer a 0.25 ml dose of influenza vaccine since the patient is 35 months of age. The second dose of influenza vaccine should be administered by at least 4 weeks from the first dose and will be 0.5ml dose of influenza vaccine since the child is now 3 years of age.

## Recommendations regarding influenza vaccination for persons who report allergy to eggs - Advisory Committee on Immunization Practices (ACIP), 2011-12 influenza season

The figure below includes recommendations regarding influenza vaccination for persons who report allergy to eggs for the 2011-12 influenza season, according to the Advisory Committee on Immunization Practices (ACIP). Persons who have experienced only hives following exposure to egg should receive influenza vaccine with the following additional measures.



\* Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.

## 2011-12 Influenza Season Vaccine Information by Age Group\*

	Trade name	Manufacturer	Presentation	Mercury content (µg Hg/0.5 mL dose)	Ovalbumin content (µg /0.5mL dose)	Age group	No. of doses	Route
TIV	Fluzone	Sanofi Pasteur	0.25 mL prefilled syringe	0.0	—†	6–35 mos	1 or 2§	IM¶
			0.5 mL prefilled syringe	0.0	—†	≥36 mos	1 or 2§	IM¶
			0.5 mL vial	0.0	—†	≥36 mos	1 or 2§	IM¶
			5.0 mL multidose vial	25.0	—†	≥6 mos	1 or 2§	IM¶
TIV	Fluvirin	Novartis Vaccines	0.5 mL prefilled syringe 5.0 mL multidose vial	≤1 25.0	≤1 ≤1	≥4 yrs	1 or 2§	IM¶
TIV	Fluarix	GlaxoSmithKline	0.5 mL prefilled syringe	0	≤0.05	≥3 yrs	1 or 2§	IM¶
TIV	FluLaval	ID Biomedical Corporation of Quebec (distributed by GlaxoSmithKline)	5.0 mL multidose vial	25.0	≤1	≥18 yrs	1	IM¶
TIV	Afluria	CSL Biotherapies (distributed by Merck)	0.5 mL prefilled syringe	0.0	≤1	≥9 yrs**	1	IM¶
			5.0 mL multidose vial	24.5	≤1			
TIV High-Dose††	Fluzone High-Dose	Sanofi Pasteur	0.5 mL prefilled syringe	0.0	—†	≥65 yrs	1	IM¶
TIV Intradermal	Fluzone Intradermal	Sanofi Pasteur	0.1 mL prefilled microinjection system	0.0	—†	18–64 yrs	1	ID
LAIV	FluMist§§	MedImmune	0.2 mL prefilled Intranasal sprayer	0.0	—¶¶	2–49 yrs***	1 or 2§	IN

Abbreviations: TIV = trivalent inactivated vaccine; LAIV = live attenuated influenza vaccine; IM = intramuscular; ID = intradermal; IN = intranasal.

\* Vaccination providers should check Food and Drug Administration–approved prescribing information for 2011–12 influenza vaccines for the most updated information.

† Information not included in package insert but is available upon request from the manufacturer, Sanofi Pasteur, by telephone, 1-800-822-2463, or e-mail, MIS.Emails@sanofipasteur.com.

§ Children 6 months through 8 years of age require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination to optimize immune response.

- Vaccination providers should note that, in previous seasons, children 6 months through 8 years who received only 1 dose of influenza vaccine in their first year of vaccination require 2 doses the following season.
- However, because the 2011-12 vaccine strains are unchanged from the 2010-11 season, children in this age group who received at least 1 dose of the 2010-11 seasonal vaccine will require only 1 dose of the 2011-12 vaccine.
- Children in this age group who did not receive 1 dose of the 2010-11 seasonal influenza vaccine, or for whom it is not certain whether the 2010-11 seasonal vaccine was received, should receive 2 doses of the 2011-12 seasonal influenza vaccine.

¶ For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

\*\* Age indication per package insert is ≥5 years; however, the Advisory Committee on Immunization Practices recommends Afluria not be used in children aged 6 months through 8 years because of increased reports of febrile reactions in this age group. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5–8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine. Afluria may be used in persons aged ≥9 years.

†† TIV high-dose: A 0.5-mL dose contains 60 µg each of A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens.

§§ FluMist is shipped refrigerated and stored in the refrigerator at 35°F–46°F (2°C–8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2–4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2–4 years should be asked: "In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist.

¶¶ Insufficient data available for use of LAIV in egg-allergic persons.

\*\*\* FluMist is indicated for healthy, nonpregnant persons aged 2–49 years.

## IRIS Update

The Iowa Department of Public Health continues activities to transition to a version of Wisconsin's Immunization Registry (WIR). Iowa's Immunization Program staff has been working closely with Hewlett Packard (HP) on project details. The following summarizes the progress as of September 2011:

- Hardware and software have been purchased and set up to allow application staging for the development and test environments.
- IRIS and HP staff are working to develop and approve Functional Design Documents (FDDs) on various registry components. FDDs include Iowa specifications which allow the vendor to make customizations to meet Iowa's needs.
- The Immunization Program received a grant to facilitate interoperability between IRIS and electronic health records (EHR). The timing of this grant is ideal as Iowa transitions to the WIR application. Immunization staff is working closely with Health Information Network (HIN) team at IDPH regarding data exchange specifications. As details are available, including file specifications, information will be sent using the electronic IRIS distribution list and posted on the IRIS website.
- Iowa's User Acceptance Testing (UAT) region is available to allow IDPH staff to begin using components of the new IRIS application.
- IRIS staff will send screen shots of the new system as soon as they are available. The screen shots will allow users to get a sense of the new look and feel of IRIS.
- Implementation of the new IRIS application is scheduled for June 2012.

If you have any questions about the new version of IRIS, please feel free to call the IRIS Help Desk at 800-374-3958 or Kim Tichy, IRIS Coordinator, at [Kimberly.tichy@idph.iowa.gov](mailto:Kimberly.tichy@idph.iowa.gov).

To receive IRIS updates directly in your inbox, please send a blank e-mail to: [join-IRISUSERS@lists.ia.gov](mailto:join-IRISUSERS@lists.ia.gov)

## Cerro Gordo County Introduces Howie Staywell

How do you increase your visibility as a health department? If you are Cerro Gordo County Department of Public Health, you introduce Howie Staywell.

Howie Staywell was invented while discussing influenza marketing this summer and the need to create a campaign that resonated well with the members of the community. The idea of a mascot came up because it would not only comfort children at school-based vaccine clinics, but it would also help to brand the health department. When people saw Howie Staywell, they would make the connection with the Cerro Gordo County Department of Public Health.



Howie Staywell assisting at a local flu clinic.

Health Department staff voted on the type of mascot they wanted to represent the organization. Howie Staywell, the owl, was chosen because staff thought he looked warm and inviting, yet professional.

A contest was created to allow the public to name him resulting in a lot of creative and innovative names. It was a great feeling to see how the public welcomed this new marketing endeavor. The result combined two name suggestions Howie and Staywell, which is a fabulous play on words, “How we stay well.”

Howie has been a huge hit at the flu clinics. He serves as a welcoming agent to greet the students and families when they arrive at their back-to-school nights. He also comforts the students when they receive their shot. Staff has noticed students aren’t so apprehensive to get a flu shot or flu mist because they know afterwards they can spend time with Howie by giving him a hug or a high five.



Cerro Gordo Public Health says Howie Staywell has been a great addition to the department. He helps to encourage the public to stay healthy and well, while adding that personal touch .

Do you have a “best practice” you would like to share with the Immunization Program? Contact Sharon Kasper at [Sharon.Kasper@idph.iowa.gov](mailto:Sharon.Kasper@idph.iowa.gov) or 800-831-6292 ext. 1.



# Local Public Health Billing Project

The Iowa Department of Public Health (IDPH) and HS Medical Billing held four comprehensive billing training programs to 149 representatives of local public health agencies (LPHAs) in Iowa. Seventy-seven of Iowa's 99 counties were represented at the meetings.

This project included the development of a plan for a billing system with the intent of saving program revenue; enable programs to reach additional populations, provide vaccines that are not currently offered and to take on new immunization initiatives to immunize special under-vaccinated populations with reduced access to vaccination services.

A toolkit was provided to each LPHA, which included the following:

- Complete guidelines for credentialing an agency and its providers with the appropriate payer organizations.
- Information, resources, and time requirements to implement a billing program.
- Technology information regarding software selection, EHR technology and claim submission strategies.
- Sample forms, policies and guidelines for billing requirements of the various third party payers.

Evaluations after the trainings showed 95 percent of the attendees said they felt the toolkit would be a valuable resource to help them build or expand their billing program, and 81 percent said they had a better understanding of the billing process as a result of the training. Seventy-six percent of agencies reported they were likely to start or expand their billing as a result of the trainings.

A copy of the billing toolkit will be sent to Local Public Health Agencies that were unable to attend. The Immunization Program field staff will deliver these toolkits to agencies in the upcoming months.



Oskaloosa Billing Symposium

For more information regarding the billing project or Immunization Program activities, contact Marnell Kretschmer at [marnell.kretschmer@idph.iowa.gov](mailto:marnell.kretschmer@idph.iowa.gov) or 515-281-4917.

## Vaccine Event Reporting System (VAERS)

The Vaccine Adverse Event Reporting System (VAERS) is a national program monitoring the safety of vaccines after they are licensed. VAERS is managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA).

Vaccines prevent serious illnesses and even death in persons who receive them. Before a vaccine is licensed, FDA takes steps to make sure the vaccine is safe. FDA requires a vaccine goes through extensive safety testing. After a vaccine is licensed, VAERS is one of the mechanisms used to monitor for any problems, or “adverse events,” that happen after vaccination.

Not all events reported to VAERS are caused by the vaccine. Even though careful studies are done before a vaccine is licensed, rare adverse events may not be found until a vaccine is given to millions of people with different backgrounds and medical histories. By continued monitoring, VAERS helps to make sure that the benefits of vaccines are far greater than the risks.

Anyone who receives a vaccine should be informed about both the benefits and risks of vaccination. Any questions or concerns should be discussed with a health care provider.

### Limitations and Usefulness of VAERS

- VAERS is unable to determine that a vaccine caused or did not cause an adverse event.
- Sometimes people who are vaccinated get sick from another cause unrelated to the vaccine.
- Even though VAERS cannot determine a vaccine caused an adverse event, it can give FDA and CDC important information that might signal a problem.
- If it looks as though a vaccine might be causing an adverse event, FDA and CDC will investigate further.

### Does VAERS Provide Medical Advice?

No, VAERS does not provide medical advice. Medical advice should be provided by the health care provider.

### Who Can Report to VAERS?

- Parents
- Patients
- Health care Providers
- Others

FDA and CDC encourage anybody who experiences a problem after vaccination to report to VAERS. Health care providers are required by law to report certain problems. The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report:

- Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
- Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination.

### Why Should I Report to VAERS?

- Reporting gives valuable information that helps CDC and FDA make sure that vaccines are safe.
- Reporting strengthens VAERS so it can be used to assess public health response to vaccines.
- Reporting allows for evaluating public health prevention and control measures.

Remember, no vaccine (or any medicine) is completely free of risk, and adverse events are possible. If you have an adverse event after a vaccine, please report to VAERS. Each report is important!

VAERS forms can be ordered by calling 1-800-822-7967, or download a printable copy of the VAERS form from the [VAERS](https://www.vaers.org) and [CDC](https://www.cdc.gov) websites. For more information send e-mail inquiries to [info@vaers.org](mailto:info@vaers.org) or contact Terri Thornton at 1-800-831-6293, ext. 2 or at [Teresa.Thornton@idph.iowa.gov](mailto:Teresa.Thornton@idph.iowa.gov).



## ***Vaccines for Children Program (VFC)***

### **Implementing Economic Order Quantity (EOQ)**

The Centers for Disease Control and Prevention (CDC) has implemented Economic Order Quantity (EOQ) for Vaccines for Children Program providers. EOQ balances the size and frequency of provider vaccine orders, timing of orders, vaccine availability, and reduces costs associated with vaccine storage/handling errors. EOQ does not change the process for submitting a vaccine order, just the **timing** of when vaccine orders are placed.

#### **Tips for Vaccine Ordering**

##### **What to consider before placing a vaccine order:**

- How many doses of vaccine are in inventory?
- What vaccines may expire before the next ordering frequency?
- How many vaccine doses were administered during the same timeframe last year?
- What seasonal events (e.g., school physicals, kindergarten round up) are scheduled?
- What specialty clinics (school-based clinics) are planned?
- When can the next order be submitted based on the clinic established vaccine order frequency?

If you have additional questions regarding EOQ contact Janean Iddings at 1-800-831-6293, ext. 5 or [Janean.Iddings@idph.iowa.gov](mailto:Janean.Iddings@idph.iowa.gov).

## ***Vaccine Storage and Handling***

### **Updated Vaccine Storage and Handling Template is Now Available**

Protecting your vaccine supply is critical. Failure to adhere to recommended specifications for vaccine storage and handling can reduce potency, resulting in an inadequate immune response in the patients. Vaccine quality is the responsibility of all those that handle vaccine from the time a vaccine is manufactured until administration. To protect vaccine inventory and minimize loss, health care providers should develop and routinely review storage and handling plans, provide staff education, and exercise plans to respond to improper storage and handling events. The Iowa Department of Public Health has updated the Vaccine Storage and Handling Template to include new recommendations and requirements. Click [here](#) to access the template.

# ***Immunization Resources***

## **2011-2012 Influenza Resources**

- [Iowa Immunization Program 2011-2012 Influenza Chart](#)
- [2011-2012 Influenza Vaccine Information Statements](#)
- [CDC 2011-2012 Seasonal Influenza Information](#)

## **MMRW articles for the 2011-2012 influenza season**

- [Prevention & Control of Seasonal Influenza recommendations from the ACIP, 2011](#)
- [Influenza Vaccination Coverage Among Health-Care Personnel --- United States, 2010--11 Influenza Season](#)
- [Influenza Vaccination Coverage Among Pregnant Women --- United States, 2010--11 Influenza Season](#)

**Prevnar and Influenza Vaccine:** CDC has posted additional information about the potential risk of febrile seizures when inactivated influenza vaccine and PCV13 are administered simultaneously. After thoroughly evaluating the available information, CDC has determined that no changes in the childhood immunization schedule are necessary at this time. This information may be useful in explaining this risk to patients who read the brief note about it on the Inactivated Influenza vaccine VIS. Additional information is available at <http://www.cdc.gov/vaccinesafety/Concerns/FebrileSeizures.html>

## **Bulk quantities of the 2011-12 Influenza Vaccine Pocket Guides and PPSV Pocket Guides available--FREE!--from the National Influenza Vaccine Summit**

To aid in efforts to vaccinate against influenza and pneumococcal disease, readers are invited to place orders now for bulk quantities of the National Influenza Vaccine Summit's 2011-12 Influenza Vaccine Pocket Information Guide and Pneumococcal Polysaccharide Vaccination (PPSV) Pocket Guide. Both are free--you can order them in the hundreds or thousands! There is no cost for the pocket guides, shipping, or handling within the U.S. Place your order at <http://www.preventinfluenza.org/pocketguides>

**National Influenza Vaccination Week (NIVW)** is a national observance established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond. NIVW 2011-2012 is scheduled for **December 4-10, 2011**.

**Epidemiology and Prevention of Vaccine-Preventable Diseases 2011, Ten-Module Series:** This comprehensive immunization course provides the most current information in the constantly changing field of immunization. It is updated annually to provide the latest recommendations from the ACIP. Each of the 10 **sessions** is 60 to 90 minutes in length and includes case studies and a discussion of frequently asked questions. The **web-on-demand course** is now available, and the DVD is also **available for ordering**. Continuing education is available, and additional information is provided in each session. For information and updates on other courses, please visit the National Center for Immunization and Respiratory Diseases (NCIRD) **Education and Training web page**.

## **Autism 101 for Immunization Advocates-Friday, October 14, 2011, 2:00 PM Eastern Daylight Time**

This training is for Immunization advocates to listen to the concerns parents raise regarding vaccines and autism. Parents may have heard scary things about vaccines on TV or from friends, and their fears are very real. It's our job as medical and public health professionals to explain the science regarding vaccines and autism clearly and concisely. Please join Every Child By Two as they host Alison Singer from the Autism Science Foundation who will present an overview of autism including the very latest research regarding early diagnosis, interventions and potential causes. She will also review the **CASE Method**, which combines emotional and scientific talking points aimed at swaying parents' emotional response regarding vaccines and help them face the issue more logically.

**Registration Link:** <https://cc.readytalk.com/r/grnrshog3l58>